

Understanding and reducing youth violence: Targeting risks and risky situations.

Raymond P. Lorion, Ph.D.

Psychology in Education Division

Graduate School of Education

University of Pennsylvania

I appreciate the opportunity to speak with you this afternoon about youth violence, a topic important to the health and welfare of the nation's citizens, young and old. In the time available, I will review briefly current information about:

- a) Morbidity and mortality estimates of youth victimized by and engaging in violence;
- b) Risks for and consequences of engaging in or being victimized by violence; and
- c) Promising strategies for reducing risks and episodes of youth violence.

Definitions: Violence refers to the intentional use or threat of use, of force to cause injury, harm, or death to another. The qualifier "intentional" excludes from consideration unintended or accidental injury and death. In defining "violence", I include among its victims:

- a) Individuals who are the direct recipients of an act of violence (i.e., those who are shot, stabbed, beaten or otherwise injured);
- b) Individuals who witness such acts;
- c) Families members, friends and other associates of those in groups 1 and 2; and

d) Occupants of settings (e.g., schools) who are aware of and anxious about such acts.¹

This expanded definition of violence is supported by a growing body of scientific evidence linking exposure to pervasive community violence (PCV) with traumatic symptoms including feelings of vulnerability, anxiety, anger and generalized distress. PCV exposure levels have been linked directly to involvement in aggressive and violent acts and indirectly to an array of interpersonal difficulties.² Evidence is now emerging that PCV exposure interferes with sleep, digestion and physiological rest and arousal. Disruptions of these physiological functions in turn have been linked to deficits in attention, concentration, memory, motor control, impulse control and overall academic functioning.² PCV exposure, therefore, may be quite relevant to national efforts to understand causes of and solutions to concerns about academic achievement urban schools.

Prevalence: This definition of "victim" recognizes the challenge of estimating the number of perpetrators and victims of violence. Relative to Group 1 (direct victims), death certificates document those for whom a violent act result in loss of life. Depending on age and ethnic group, homicide is the first, second or third leading cause of death for people under the age of 24.³ CDC reports that in 1997, nearly 6200 youth under the age of 18 died from homicide. That averages 17 young people each day. For the entire decade ending in 1997, the average nears 10 per day. Current daily averages lie somewhere between these two. Albeit slightly lower than 1997, daily losses justify continuing public concern.⁴

Estimating the numbers of youth suffering nonfatal physical injuries as a result of intentional violent acts is extremely difficult. Public health records and school records provide information about those whose injuries require medical intervention or are brought to the attention of school or community authorities. The 1999 Youth Risk Behavior Survey found that more than 1 in 3 high school students reported being in a fight during the prior year; nearly 4% required medical attention; nearly 10% reported being hit, slapped or physically hurt by a boyfriend or girlfriend.⁴ Elementary grade children's responses to PCV-exposure surveys suggest that direct and indirect contact with violence is at even higher levels. Although rates vary widely across settings and circumstances, on average, 1 in 3 school-age children in urban settings appear to have directly experienced violence and twice that number to be indirectly exposed. Rates of exposure in rural and suburban children are typically lower but close. Conservatively, millions of children are likely victimized each day, not including the additional children who are victimized by abusive parents and caretakers at home.

None of the above estimates include the adults who raise, teach, coach and live with children and adolescents. Both logic and scientific theory would support the assumption that adults are also vulnerable to the physical, psychological and social impacts of PCV. I would expect that PCV exposure undermines the capacity to parent. It seems likely to influence decisions such as if, when and how to admonish, advise or discipline one's own child, the children of neighbors and certainly the children of strangers. I expect that PCV exposure relates to a teacher's capacity to adhere to lesson plans, maintain classroom

discipline and be available before and after school hours. I expect that PCV exposure will relate to a teacher's use of sick days, decision to transfer in and out of schools and, perhaps, even remain in the profession.³

Can children learn and grow in the presence of fear? Can parents parent? Can teachers teach? Can neighbors relate to and participate in rearing children? These questions need to be examined if effective interventions to reduce violence and its consequences are to be designed and implemented. A research group with which I am associated is undertaking a community-wide study to simultaneously examine PCV exposure of youth and adults and begin that line of research. Other research teams around the nation are similarly preparing to ask these questions. Adequate funding levels over an extended period of time will be necessary to ask and answer the questions raised in this work.

Thus, establishing the prevalence of youth victimized by violence is relatively easy if one focuses solely on medical and public records to obtain counts of victims of homicides, assaults, school fights and gang wars. Such estimates, however, present a markedly incomplete picture of the devastation associated with community violence. Elsewhere, I have likened PCV to an environmental contaminant that has corrosive effects on family life, school life, and the overall psychosocial quality of communities. Evidence is emerging which documents PCV's destructive effects on the comfort with which we live in our homes and neighborhoods. PCV taints how we raise our children, teach our students, interact with our neighbors, respond to strangers and, generally, relate to each other. PCV traps some children in homes after school and some elderly throughout much

of the day and all of the night. It keeps many from remaining in cities after work and entering cities at other times. It corrodes social exchange, civility and isolates families from neighbors and neighborhoods from communities.⁵

Risk Factors: Table 1 summarizes established risks for youth involvement in violence. Each cell represents an individual contributor to its likelihood.. One could add PCV to each column. Review of the cells supports the view that violence is a learned behavior likely to occur in settings characterized by the presence and acceptance of violence. Evidence of a biological or genetic contribution to violence must be understood clearly in terms of its contributory role.⁶

Table 1
Key Risk Factors for Violence

INDIVIDUAL	FAMILY	PEER/SCHOOL	NEIGHBORHOOD
Early aggressive behavior	Parent history of physical abuse	Aggressive peers and limited supervision	Limited economic and public resources
Pro-violent attitudes and beliefs	Abusive or inconsistent discipline	Academic failure and low self-esteem and cliques	High mobility; family isolation; limited social currency
Social-cognitive deficits and social	Low attachment to parents and	Low bonding to academic and civic	High levels of blight, abandoned properties

isolation	caregivers	values	and vandalism
Victimization as target and witness	Parent history of substance abuse	Support for and reinforcement of bullying	Limited adult presence and involvement with youth

Erik Erickson's 8 stages might provide further insight into developmental risks for and from violence across the life span.⁷ Infants exposed to PCV at home and in their neighborhoods are unlikely to gain basic trust in their interactions with parents and others. Children will be hard pressed to develop autonomy, initiative and industry under similar circumstances. Instead may be sown the seeds of doubt, guilt and inferiority. Separately or in combination these compromise an adolescent's sense of identity and young adult's capacity to develop intimacy. The adult years can be similarly impacted if one is unable to provide security for one's family or must face the later years in fear and isolation. Cross-sectional studies of communities can provide only a glimpse into PCV's toxicity. Longitudinal developmental studies are necessary if we are to understand the cumulative impact of exposure both during and across stages. Throughout the life span, however, it seems clear that exposure to violence as victim or witness increases the likelihood that one will see violent tendencies in others and react accordingly. Violence begets violence!

Interventions: A review of promising interventions to reduce or prevent violence suggests that its associated attitudes and behaviors can be changed in ways which are effective, cross-situational and lasting. The field has produced many informative

compendia of preventive interventions, listings of which are available from the Centers for Disease Control and Prevention's Division of Violence Prevention; the federally funded Center for the Study and Prevention of Violence at the University of Colorado and, of course, the American Psychological Association. These sources describe both intervention procedures and their evidentiary base. Strategies included in these sources have at least demonstrated their potential to reduce or eliminate risks factors associated with the occurrence of violence. Many present evidence of short-term effectiveness and await completion of longitudinal studies to determine the sustainability of their effects. Those most strongly validated (e.g., Parent and family-based strategies; Home-Visitation, Social-Cognitive Skills Development; and Mentoring described in the CDC's Best Practices of Youth Violence Prevention) must now be tested in dissemination and “bringing-to-scale” trials.⁴

Rather than use the remaining moments to review the contents of these documents, let me propose that the challenge confronting communities seeking to prevent violence is to match strategies with needs. This cannot be achieved by reviewing compendia, selecting an intervention and applying it recipe-like to youth. Rather, we need to conduct research which enables communities and organizations to understand and apply the basic elements of a public health approach before an intervention is selected from a compendium. As explained by the CDC, the public health approach is a systematic process for:

- a) Defining and measuring a problem;
- b) Determining local causes and their readiness for modification;

- c) Developing and testing interventions which match local needs and resources; and
- d) Implementing and evaluating an intervention.

What makes an intervention effective is the extent to which members of the community become involved in the processes associated with each of those 4 steps. Participation in such processes is, in my opinion, at least as important as the intervention procedures. Members of the community, leaders as well as citizens, parents as well as youth, students as well as teachers, must become organized and work through the challenges associated with defining, measuring and acknowledging the nature and extent of the youth violence to be addressed; targeting the intervention to specific perpetrators and victims; selecting intervention procedures and the roles of everyone involved in its delivery; and agreeing on the criteria for determining its success. Doing so informs all of how violence is expressed in their community or setting, identifies its targets and clarifies its impacts on its victims, its witnesses and its perpetrators. Early planning identifies resources, costs and the commitments of individuals required to change specific factors contributing to the occurrence and maintenance of violence. Before an intervention is selected, the criteria for success need to be clear. The prevention of youth violence is a laudable goal achievable only if translated into a series of measurable reductions over a specific period of time. The community must plan for the intervention's end and consider how it will sustain success and avoid recurrence of the problem in other forms with other targets.

Final comment: Examination of effective and promising programs reveals that rigorous science supports common sense. Children need caring, comfort and consistency in

behavioral expectations and consequences. Parents, teachers and neighbors need to know each other, talk to each other and work with each other in raising and educating our children. Violence is learned through experience as a victim, through observation as a witness and through awareness of the culture's messages of how goals are accomplished and rewards attained. The same learning mechanisms apply across development for the acquisition of non-violent alternatives. To reduce youth violence, home, school, neighborhood and community must admit its existence, measure its impacts and invest jointly and continuously in its prevention.

References

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